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(Red	questor's Name)	
(Add	iress)	
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nam	e)
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11.

COVER LETTER

то:					
			AUTO RENTAL LLC		
SUBJE	.C.I:		Name of Lim	ited Liability Company	
The end	Registration Section Division of Corporations VOLTAGE AUTO RENTAL LLC The submitted Liability Company Name of Limited Liability Company Name of Ferson Firm/Company 13219 SW 42 ST Address MIRAMAR, FL 33027 City/State and Zip Code sagtax 1040@aol.com E-mail address: (to be used for future annual report notification) her information concerning this matter, please call: RA A. GUERRA Name of Person Area Code Daytime Telephone Number di is a check for the following amount: 1.00 Filing Fee Certificate of Status Mailling Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations				
Please 1	return	ali correspor	ndence concerning this matter	to the following:	
			SANDRA A, GUERRA		
				Name of Person	-
				Firm/Company	-
			13219 SW 42 ST		_
				Address	
			MIRAMAR, FL 33027		
			<u> </u>	City/State and Zip Code	-
			_		
			E-mail address: (to be used for future annual report notification)	
For furt	ther it	nformation co	ncerning this matter, please co	all:	
SANDI	RA A			at ()	
		Name of	Person	Area Code Daytime Telephone Numbe	ī
Enclose	ed is a	a check for the	e following amount:		
≅ \$ 25	5.00 F	Filing Fee		Certified Copy Certified (additional copy is enclosed) Certified	ite of Status & I Copy
). Box 632		The Centre of Tallahassee	
	Tal	llahassee, F	L 32314	2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	310
				i attanassee, i L JEJUJ	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VOLTAGE AUT	O RENTAL LLC	
(Name of the Limited Liability Comps (A Florida Limited	iny as it now appears on our record Liability Company)	<u>s</u>)
The Articles of Organization for this Limited Liability Company	were filed on 11/13/2020	and assigned
Florida document number L20000360213		
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limited liab	Liability Company as it now appears on our records.) Florida Limited Liability Company) pility Company were filed on 11/13/2020 and assigned ping: the limited liability company here: ds "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." ple: 7950 NW 53 STREET DORAL, FL 33166 7950 NW 53 STREET DORAL, FL 33166	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7950 NW 53 STREET	
(Principal office address MUST BE A STREET ADDRESS)	DORAL, FL 33166	
		221
Enter new mailing address, if applicable:	7950 NW 53 STREET	E P T
(Mailing address MAY BE A POST OFFICE BOX)	DORAL, FL 33166	(6) 2
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:	·	
New Registered Office Address:	Enter Florida street addres	· · · · · · · · · · · · · · · · · · ·
	 	
		orida

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	BAQUERO, PAULA A	10393 SW 138TH PLACE	
		MIAMI, FL 33186	BRemove
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			□Add
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		04/20/2021					
ective date, if other that a effective date is listed, the da	te must be specific an	ig;id cannot be prior	to date of filing	or more than 90 c	_ (optional lays after filin	g.) Pursuan	າ ເວ 605.02
te: If the date inserted in the current's effective date on the	his block does not the Department of	meet the applicated State's records.	ible statutory i	iling requirem	ents, this dat	e will not	be listed
ecord specifies a delayed ef s filed.	fective date, but no	ot an effective ti	me, at 12:01 a.	m. on the earli	erof:(b) T	he 90th d	ay after th
ted APRIL 20		2021	A				
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Filing Fee: \$25.00